

McCarley

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X KEVIN TAYLOR <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) HOUSEHOLD</p> <p>C. Date of Delivery 2-1-07</p> <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Number (Transfer from service label)</p> <p>2. Article Number (Transfer from service label)</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

3:06cv91-MEF (Summ + Doc 1,5,16,21,22)
 Answer Due 2/16

HSBC Finance Corporation
 2700 Sanders Road
 Prospect Heights, IL 60070

McCarley

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<p>1. Article Number (Transfer from service label)</p> <p>2. Article Number (Transfer from service label)</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

3:06cv91-MEF (Summ + Doc 1,5,16,21,22)
 Answer Due 2/16

Household Finance Corporation III
 2700 Sanders Road
 Prospect Heights, IL 60070

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if:</p>		<p>A. Signature X KEVIN TAYLOR HOUSEHOLD</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1</p> <p>Household International, Inc. 2700 Sanders Road Prospect Heights, IL 60070</p>		<p>B. Received by (Printed Name) HOUSEHOLD</p> <p>C. Date of Delivery 2-1-07</p>	
		<p>Is address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>3:06cv91 (Summ + Doc. 1, 5, 16, 21, 22) Answer Due 2/16</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7005 1160 0001 2962 1454</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540